UTILITY PATENT APPLICATION TRANSMITTAL *(Only for new nonprovisional applications under 37 ___.53(b))*	Attorney Docket No.	202820US3
	First Inventor or Application Identifier	Tomoshige UMEDA
	Title	MASK

Assignee Name: Kao Corporation

Assignee Address: 14-10, Nihonbashi, Kayabacho 1-chome, Tokyo 103-8210 JAPAN

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

■ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

■ Specification — Total Sheets **47**

■ Drawing(s) *Formal* — Total Sheets **7**

4. ■ Oath or Declaration — Total Pages **4**

   a. ■ Newly executed (original or copy)

   b. □ Copy from a prior application (37 C.F.R. §1.63(d))
   (for continuation / divisional w/ box 16 completed)

     i. □ DELETION OF INVENTOR(S)
     Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).

5. □ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)

6. □ Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)

   a. □ Computer Readable Form (CRF)

   b. Specification or Sequence Listing on:

     i. □ CD-ROM or CD-R (2 copies); or

     ii. □ Paper

   c. □ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ■ Assignment Papers (cover sheet & document(s))

8. □ Application Data Sheet. See 37 CFR 1.76

9. □ 37 C.F.R. §3.73(b) Statement   □ Power of Attorney
(when there is an assignee)

10. □ English Translation Document *(if applicable)*

11. ■ Information Disclosure Statement (IDS)/PTO-1449   ■ Copies of IDS Citations (3)

12. □ Preliminary Amendment

13. ■ White Advance Serial No. Postcard

14. □ Certified Copy of Priority Document(s) ( )
(if foreign priority is claimed)

15. □ Applicant claims small entity status.
See 37 CFR 1.27

16. ■ Other: REQUEST FOR PRIORITY, STATEMENT OF RELEVANCY

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17. If a CONTINUING APPLICATION, *check appropriate box, and supply the requisite information below:*

□ Continuation   □ Divisional   □ Continuation-in-part (CIP)   of prior application no.:

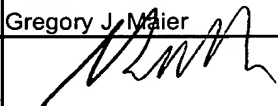*Prior application information:*   Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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18. Amend the specification by inserting before the first line the sentence:

□ This application is a   □ Continuation   □ Division   □ Continuation-in-part (CIP)
of application Serial No.   Filed on

□ Which was published in English

□ Which was not published in English

□ This application claims priority of provisional application Serial No.   Filed

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19. CORRESPONDENCE ADDRESS

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Name:	Gregory J. Maier	Registration No.:	25,599
Signature:		Date:	2/15/01
Name:	Robert T. Pous	Registration No.:	29,099

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Tomoshige UMEDA ET AL

SERIAL NO: New Application

FILING DATE: Herewith

FOR: MASK

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	23 - 20 =	3	× $18 =	$54.00
INDEPENDENT CLAIMS	1 - 3 =	0	× $80 =	$0.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ $270 =	$270.00
☐ LATE FILING OF DECLARATION			+ $130 =	$0.00
			BASIC FEE	$710.00
		TOTAL OF ABOVE CALCULATIONS		$1,034.00
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY				$0.00
☐ FILING IN NON-ENGLISH LANGUAGE			+ $130 =	$0.00
■ RECORDATION OF ASSIGNMENT			+ $40 =	$40.00
			TOTAL	$1,074.00

Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.

■ A check in the amount of **$1,074.00** to cover the filing fee is enclosed.

■ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: _____2/15/01_____

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